

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-010145

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 360 Primary Registration District No. 4526 Registrar's No. 39

FILED MAR 15 1963

VS 300
Rev. 4/59

1 1080

2 1080-

3

4 0

5 1

6

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8 2

9 177X

10

12 90-0

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

| | | | |
|---|----------------------------------|---|---------------------------------------|
| 1. PLACE OF DEATH a. COUNTY <u>Vernon</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Vernon</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Sheldon</u> | | c. CITY OR TOWN <u>Sheldon</u> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>None</u> | | d. STREET ADDRESS (If outside, give location) <u>None</u> | |
| 3. NAME OF DECEASED (Type or print) First <u>William</u> Middle <u>Allen</u> Last <u>Steward</u> | | 4. DATE OF DEATH Month <u>March</u> Day <u>9</u> Year <u>1963</u> | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>12/22/1883</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u> | |
| 11a. FATHER'S NAME <u>Rev. Meredith Steward</u> | | 11b. MOTHER'S MAIDEN NAME <u>Margaret Swigger</u> | |
| 12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 12b. SOCIAL SECURITY NO. <u>62-4</u> | |
| 13. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Prostatic cancer carcinoma</u> <u>and metastatic tumor in stomach</u> | | 13b. INTERVAL BETWEEN ONSET AND DEATH <u>3 years</u> | |
| DUE TO (b) _____ | | DUE TO (c) _____ | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | |
| 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | | 20c. TIME OF INJURY Hour _____ a.m. _____ p.m. | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | |
| 20f. CITY, TOWN, OR LOCATION | | COUNTY STATE | |
| 21. I attended the deceased from _____ since _____ and last saw her alive on _____ | | 21b. Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated. | |
| 22a. SIGNATURE <u>D.R. Guelcher M.D.</u> | | 22b. ADDRESS <u>L.A.M.H.R. Mo.</u> | |
| 22c. DATE SIGNED <u>3-13-63</u> | | 22d. DATE SIGNED | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 23b. DATE <u>March 11 1963</u> | |
| 23c. NAME OF CEMETERY OR CREMATORY <u>Sheldon</u> | | 23d. LOCATION (City, town, or county) <u>Sheldon Mo</u> | |
| 24. FUNERAL DIRECTOR <u>Beery Funeral Home Sheldon Mo</u> | | 25. DATE RECD. BY LOCAL REG. <u>3-13-1963</u> | |
| 26. REGISTRAR'S SIGNATURE <u>Arma E. Lunny</u> | | 26. REGISTRAR'S SIGNATURE | |

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed L. Gerald Beery

Licensed Embalmer No. 4203

P. O. Address St. Louis Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.